## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

O1494536

| CLAIMS AS FILED - PART<br>(Column 1)  |  |   |                                     |                       | (Column 2)                   |                  | SMALL ENTITY TYPE   |                        | OR  | OTHER<br>SMALL I    |                        |
|---|--|---|-------------------------------------|-----------------------|------------------------------|------------------|---------------------|------------------------|-----|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 43                                  |                       |                              |                  | RATE                | FEE                    | } [ | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                        |                       | NUMBER EXTRA                 |                  | BASIC FEE           | 355.00                 | OR  | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 43 minus 20=                        |                       | . 23                         |                  | X\$ 9=              |                        | OR  | X\$18=              | 414                    |
| INDEPENDENT CLAIMS  |  |   | ₩ minus 3 =                         |                       |                              |                  | X40=                |                        | OR  | X80=                | 80                     |
| MULTIPLE DEPENDENT CLAIM PR   |  |   | RESENT                              |                       |                              |                  | +135=               |                        | OR  | +270=               |                        |
| * If  | the difference                                 | in column 1 is                            | ess than zero, enter                |                       | r "0" in column 2            |                  | TOTAL               |                        | OR  | TOTAL               | 20                     |
|   | C  | LAIMS AS A                                | MENDE                               | D - PAR               | T II                         |                  |                     |                        |     | OTHER               | THAN                   |
| (Column 1)  |  |   |                                     | (Colum                |                              | (Column 3) SMALL |                     |                        | OR  | SMALL               | _                      |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                     | NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                    |                              | =                | X\$ 9=              |                        | OR  | X\$18=              |                        |
|   | Independent                                    | *   | Minus ***  ION OF MULTIPLE DEPENDEN |                       | T CL AIRA                    | =                | X40=                |                        | OR  | X80=                |                        |
| <u> </u>  | I INST FRESE                                   | INTATION OF MI                            | OLITE DE                            | T ENUCK               | CLAIN                        |                  | +135=               |                        | OR  | +270=               |                        |
|   |  |   |                                     |                       |                              |                  | TOTAL<br>ADDIT, FEE |                        | OR  | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |                                     | (Colu                 | mn 2)_                       | (Column 3)       | ADDIT. I CE         |                        | • , |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                    |                              | =                | X\$ 9=              |                        | OR  | X\$18=              |                        |
|   | Independent                                    | NITATION OF A                             | Minus                               | ***                   | T CL AIRA                    | =                | X40=                |                        | OR  | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                       |                              |                  | +135=               |                        | OR  | +270=               |                        |
|   |  |   |                                     |                       |                              |                  | TOTAL<br>ADDIT. FEE |                        | ام  | TOTAL<br>ADDIT. FEE |                        |
|   | 1000   | (Column 1)                                |                                     |                       | mn 2)                        | (Column 3)       | 7,0017,700          |                        |     |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                    |                              | =                | X\$ 9=              |                        | OR  | X\$18=              |                        |
|   | Independent                                    | NTATION OF M                              | Minus                               | ***                   | T CL AIRA                    | =                | X40=                |                        | OR  | X80=                |                        |
| <u> </u>  | rino i PHESE                                   | INTATION OF M                             | OLITE DE                            | CINDEN                | LAIM                         |                  | +135=               |                        | OR  | +270=               |                        |
|   |  | mn 1 is less than t                       |                                     |                       |                              |                  | TOTAL               |                        |     | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                     |                       |                              |                  |                     |                        |     |                     |                        |